V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(gra) A Region
County Saltra	Registration Dist. No. 293
Village or City Town Condova 3	CNG St Ward
to the design of the second of	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stree D. Barlo	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
The Roll Larlate OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last sew Name alive on 19 1, 19 25; death is seld
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, at LLL Pm.
80 8 24 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	College Const
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupetion (month and year)	· V
12. BIRTHPLACE (city or town)	Other Coatributory Causes of Importance:
(State or country) Lesures lungue	Arteria Selevous
13. NAME ALONE BOLO	Chaustin
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Torres Salaraches ac	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFORMANT Lauria B Barlo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date 1 1930	Nature of Injury
19. UNDERTAKER QUAY O Abour	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-1-, 19351 J. L. Gardner Registrar.	(Signed) M. D. (Andrews)

ADDITO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	159	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial ncphritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V e			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	CURTHER ST	TATEMENTS	BY	PHYSICIAN
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1			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 03266
County Lalbot	Registration Dist. No. 293.
Village or City hear healthous me	No. St., Ward
()	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deetly occurredyrs	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME James Efection (2)	776
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. Thet I attended deceased from 3, 19, 35, to March 7, 19, 35 I last saw h. alive on March 19, 1935; deeth is sei
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, at //m. The PRINCIPAL CAUSE OF DEATH and related causas of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	a weak weder-sized traby centy
9 Industry or business in which work was done as SLLK MILL	Primary Nyohap
SAW MILL, BANK, atc. 10. Dete deceased last worked at this occupation (month and year) Occupation	6 days
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
13. NAME / Corroll 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT FRANCE (Address) Early and	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Menner of injury
19. UNDERTAKED ALLOW CANADARD CONTRACTOR CON	24. Was disease or injury in any way related to occupation of deceased?
20. FILED , 19 35 e J & Dardie Registrar. If more blanks are needed, address State Recistrar.	(Signed) White M. [(Address) On M. [

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	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 wcek ago
uly 5,1927	Peritonitis	3 days ago
1ay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 uly 5 ,1927	1921 Run over by street car uly 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should County Registration Dist. N item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred How long In U.S. if of foreign birth?_____yrs.____mos.____ds. _____ds. statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) assified. (Year) BINDING CI 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 3, 30,9 m 7. AGE Years If LESS than proper Months Days I day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of opent 8. Trade, profession, or particular NO kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc., PAT back may 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc 000 Date deceased last worked at 11. Total tima (years) on this occupation (month and spant in this that octupation __ instructions 12. BIRTHPLACE (city or town). ARGIN (State or country) 13. NAME FATHE See 14. BIRTHPLACE (city or town). Name of operation. plain (State or country) efully HER 15. MAIDEN NAME important in 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of Injury______ 19__ DEATH 16, BIRTHPLACE (city or town) (State or country Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT. OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE Nature of injury_____ NOIL 24. Was disease or Injury In any way related to occupation of deceased?__ 19. UNDERTAKER V. S. No. 1 (Address) If so, specify 20. FILED .. (Address) ___

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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County Talbot	Posietration Diet Ale 400
Village or City	Registration Dist. No. 24
Village of City	No. St., Ward (If death occurred irr a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs.	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tout Contain	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
OR DIVORCED (write the word	DE 144 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of P P P	22. I HEREBY CERTIFY, That I attended agreesed from
partie Coppe	- March 124 , 1934, to Than , 1923
6. DATE OF BIRTH (month, day, and year) Calvact /86/	I last saw him alive on March 12, 1935; death is said
7. AGE Years Months Days If LESS tha	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio Scelvoris 1930
e. Industry or business In which work-was done, as SIEK MILL,	
10. Date deceased last worked et this occupation (month and spant in this	
year) span till tills	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance of Sont foot-
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME TRULE BLOKE	23. If death was due to external causes (VIOLENCE) fill in also the following:
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(State or country)	Where did injury occur?
17. INFORMANT Rachel Room	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Zastie Viol	
18. BURIAL, CREMATION, OR REMOVAL Place Date 3/16 19 3	Manner of Injury
Place Date Date	Nature of Injury
19, UNDERTAKER ALLOW CONTROL OF THE PROPERTY O	24. Was disease or injury In any way related to occupation of deceased?
(Address) Sastown Fund	If so, specify
70. FILED 3/15 , 1935 1 Alexander	(Signed) Filliam Sugmon M. D
Registrar	(Address) earling (Man

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BUREAU V. S.			
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X	X	X	X	
X	Z	N	Z	
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Every item of infor-SICIANS statement Exact certificate. properl Jo may back should on that instructions terms, See plain carefully important. in DEATH he should OF LION

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state Exact statement of OCCUPA-PHYSICIANS UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. very important. See instructions on back of certificate. bF DEATH in plain terms, so that it may be AGE should be hould be carefully supplied. -WRITE N. B.

BINDING

FOR

JARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 032.70
1. PLACE OF DEATH County Tallof	Registration Dist. No. 291
24	No. St. Ward
00 /	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s/ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Francis D. Waddaw	ay
(a) Residence: No. Residence (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Limsle 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH 5 , 193 5 (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of Daniel Waddaway	22 Mai HEREBY CERTIFY, That I attended deceased from 1935, to 2 Mar 5 1935
6. DATE OF BIRTH (month, day, and year) Feet 4. 1853	I last saw h_ en aliva on That 5 , 19 35, death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	were as follows: Off 70 f 7
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mome Milmils ;
SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation month and year) 11. Total time (years) spent in this occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Pleasett	Int 1
(State or country)	- Muhal montfreemen
13. NAME Williams Carmings 14. BIRTHPLACE (city or town) Talbot to	00
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
	What test confirmed diagnosis?
To come for	Accident, suicida, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Mes Minnie Treedman (Address) regard med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Jeant Md Date Mais 7 de 1935	Manner of injury
19. UNDERTAKER Jelman + Harrison (Address) Afr mi halls Ind-	24. Was disease or injury in any way related to occupation of deceasad? Pro-
20. FILEO Mess 5, 1935 John Hwwales Local Registrar.	(Signed) Att. Hofee M.D. (Address) Dt. Michael M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Property and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF M	ARYLAND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	03271
	Registration Dist. No. 290
Village or City Gaston, Mary	
length of residence in city or town where death occur	(If death occurred in a hospital or institution, give its NAME instead of street and number) red
Length of residence in city or town where death occur 2. FULL NAME Agnes	intere
(a) Residence: No. Lashu.	Marylan (St., Ward.
CUn (Un	al place of abode) If nonresident give city or town and State
His Olemple Black	E, MARRIED, WIDOWED. WORCED (write the word) (Month) (Oay) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended deceased from
O W WIFE of	march 7 ,1935, 10 march 24, 1935
(or) WIFE of (or) WIFE of (or) WIFE of (or) WIFE of	1 last saw her alive on Franch diff, 19 ; death is sai
	ays If LESS than to have occurred on the date stated above, at
A Vade A Search Workly	ormin, The RRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	word girl PELVIC ABSCESS; caused by lilat- ?
L D B B B B B B B B B B B B B B B B B B	eral salpingtie. Organisma: Calva baciline Custos
11 No. 12 to 10. Oata deceased last worked at this accuration (month and	Total tima (years) spent in this
RE I VGE I VGE I V V V V V V V V V V V V V V V V V V	Other Contributory Causes of importance:
A TO THE PROPERTY AND A STATE OF THE PARTY AND	LIVER ABSCESS (MULTIPLE) week
State or country) (State or country) (State or Country)	7
Date a Elizabeth Market Market	ence neck Name of operation Transper Juan aliana 3-15-3
	What test confirmed diagnosis? Quantum Was there an autopsy?
THE DESCRIPTION OF THE STREET	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
THE TO 16. BIRTHPLACE (city or town) Miles !	Circa Neck Accident, suicida, or homicide?Oate of injury, 19
DE PO 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Wellig	Whera did Injury occur? (Specify city or town, county and State)
1000 0 161	Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
10. BORIAL, CREMATINI, OR REMOVAL	Manner of injury
Place Place Date Date	Nature of injury
Place Place Date. 19. UNDERTAKER Date.	24. Was disease or Injury in any way related to occupation of deceased?
(Address)	If so, specify The first of the second secon
20. FILEO 3/2.5., 193.5.	(Signed) (Address) (Address) M.
If more blanks are	needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

V. S. No. 1

N. B.—WRITE PLACTY, WITH UNFAI

	Registration Dist. No
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Male muce married	21. DATE OF DEATH Mac 26, 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Physics Levelsoft	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIDTH (THE)	1 last saw h a alive on May 26 19.3.3 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Oate of onset West 15
9. Industry or Dusiness in which work was done as SILK MILL	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country) Cellus Il Value	Other Contributory Causes of Importance: Contributory Causes of Importance: Contributory Causes of Importance: Cury 12 -
II 13. NAME Charles & Levelart	Mustal Tresu Herrina 126 84
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an eu'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following: 2co Accident, sulcide, or homicide?
17. INFORMANT CARDINATE CA	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Cultural Date 3/2-9, 1934	Menner of Injury
19. UNDERTAKED ALLES AL ABELIER (AAAHOSS) Easter Mid	24. Was disease or injury in eny way releted to occupation of deceased?
20. FILED MAL 41, 1935 Torrellation	(Signed) / / / / / M. D. (Address) M. D.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(M) (S)	Every item of infor- CIANS should state tement of OCCUPA-
D FOR BINDING	N. B.—WRITE PLACEY, WITH UNFADING INK—THIS IS A PERMANENT RICE RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	WRITE PLACE, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PL. LY, mation should be car CAUSE OF DEATH TION is very import

County	of street and number)
Village or City. Length of residence in city or town where death occurred yrs mos. Length of residence in city or town where death occurred yrs mos. 2. FULL NAME (a) Residence: No. (busin place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 3. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SPINNER, stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men to have occurred on the late stated above, at men	of street and number)
Length of resistance in city or town where death occurred yrs mos. ds. How long in U. S. if of foreign birth? yrs ds. H	of street and number)
Length of residence in city or town where death occurred	'smosd
(a) Residence: No. (b) St., Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Date of BIRTH (month, day, and year) AGE Years Months Days If LESS than I day, hrs. or min. 1 I last saw h alive on to have occurred on the late stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of improver as follows: 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SIK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spant in	
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SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) a. If matried, widowed, or divorced HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spant in this occu	or town and State
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a. If married, widowed, or divorced HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceasad last worked at this occupation (month and spant in this occupation (month and spant in this spant in this occupation (month and spant in this occupat	3 , 193 5
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Other Contributory Canses of Importance:	
(State or country) nd.	
13. NAME + Dands Phenos	
13. NAME + raul Alexander Co: Name of operation.	Date of
(State or country) What test confirmed diagnosis? W	
15. MAIDEN NAME (23. If death was due to external causes (VIOLENCE) fill in also 16. BIRTHPLACE (city or town) Carolina Date of In	
Accident, suicide, or homicida? Date of In	
16. BIRTHPLACE (city or town) Date of In (State or country) Where did injury occur?	,,,
7. INFORMANT Scalle S. C. Specify city or town, co Specify whather injury occurred in INDUSTRY, in HOME, or in (Address)	ounty and State) n PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Caston Date 7/5 ,1935 Nature of Injury	
19. UNDERTAKER (Address) (Address) (Address) (Address) (Address)	7. 35 M
20. FILES 4 , 1935 D. H. Melieux (Signed) M. Melreux (Address) Escaplore M.	posally

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

V. S. No. 1 N. B.

FOR BINDING	INFADING INK-THIS IS A PERMANENT	pplied. AGE should be stated EXACTL	erms, so that it may be properly classified.
FOR	IS A	stated	prope
VED	THIS-	ld be	ay be
SER	INK	E shoe	t it m
ARGIN. RESERVED	DING	. AG	so tha
ARGI	NEA	pplied	erms,

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Talbot to	Registration Dist. No. 2,9/
Village or City Witman	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. ds. How long in U. S. if of foreign birth? yrs mos ds.
000.07	
2. FULL NAME Sebrelion & Lowe	O. ' Ward &
(a) Residence: (46. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Small	21. DATE OF DEATH Morch 200, 1935 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) Lent 20 1855	Alast saw home alive on World 15 1930; death is said
A. AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, atm.
79 6 - 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows: Date of onset
8. Trada, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteris Eclusina 53/4
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
· Jallut Co	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Chronic neep o cardeles, Curson 3 xes
1.6.7	- Duration : Mix months.
17000-60	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Caroline Alkinner	23. If death was due to external causes (VIOL ENCE) fill in elso tha following:
15. MAIDEN NAME Caroline Alimee 16. BIRTHPLACE (city or town) Zuelen anna Co (State or country)	Accident, suicide, or homiside? Date of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Helen Lowe (Address) mg. Daniel mg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of michaela Date Man 22, 1930	Nature of injury
19. UNDERTAKER Newmann & Harrison (Address) W. Michaele Md.	24. Was diseasa or Injury In eny way related to occupation of deceased?
20, FILED Mach 22, 1935 John Harvales	(Signed) William M. (Address) Williams Mad.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARTERIND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Sall A	Registration Dist. No. 290
Village or City Carten	No. St., War
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred year mos	sds. How long in U.S. if of foreign birth?yrsmos
2 FULL NAME Robert 00, 11 a sum	
(a) Residence: No. Caston Point	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH /
Male white OR DIVORCED (2011e the word)	March 26 of 1935 (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERT! FY, That I attended deceased from
(or) WIFE of Laura Metabell The Guerr	may 1924 to march 1935
DATE OF BIRTH (month, day, and year) May 7 1870	I last saw heist alive on March 24 1985; death is sa
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 A m.
64 10 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	Harvelar heart designe The
SAWYER, BOOKKEEPER, etc. House Painter	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et worff this occupation (month and worff year) 11. Total time (years) spent in this occupation 4.5 4	5.
The Early mall	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Was Carrow (State or country)	
13. NAME Acures on a Liver	
me e d	
(State or country)	Name of operation Date of
15. MAIDEN NAME Rachal EM. aim	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
Su. P. Suo U.	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT ALLE CONTROL (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fring Hill Cemely pate Mar 28, 1936	Nature of injury
the selection re-	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER Whausles & Allinaire Sell	If so, specify
2/27 35 n fl no 101	(Signed) Welliam Delpurous M
10. FILED J. Z. 1920 Registrar.	(Address) Eartin md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1915 1 week ago Arteriosclerosis Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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M	PHYSI-	PLACE OF DEATH County Sulfant	STATE OF MARYLAND CERTIFICATE OF DEATH
COP	RECORD d EXACTLY, I	Village or City and hour (No.	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	stated proper	PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
BINDING	BERMAN should be still may be pr	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased free (Month) (Day) (Year) (Month) (Day) (Year)
ED FOR B	Supplied ACE terms so that the terms so that the terms are		and that death occurred on the date stated above, at
MAN DINGE TO CONTROL OF THE CONTROL OF T		(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
MARGIN	NLY, ITH UN rmation should to CAUSE OF DE	10 NAME OF TOLAND M. Ducay 11 BIRTHPLACE OF FATHER (State or country) Javolunk Re 12 MAIDEN NAME OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
	E O I O	13 BIRTHPLACE OF MOTHER (State or country) Low bury, Mr. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLI ACCORDANCE OF MY KNOWLE	At place of death yrs. mos. da. State, yrs. mos. de Where was disease contracted, if not at place of death?
S. No. 1.	BEvry Item CIANS sho statement	(Address) Rala Duc Duc Pur Steel 3-/2/ 1925 Filed 3-/2/ 1925 Freekon	1 to 1) n
>	2	(f more blanks are needed, address State I	Registrar. 16 W. Saratoga St., Balto., Requestive V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

on at home, who are engaged in the duties of the er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it L.ture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook ployed, as At *chool or At home. Cure should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of ured 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Howsemuid, etc. If the occupation has been chauged to report specifically the occ pations of persons enlaborer, Farm laborer. Laborerwhatever, write None. reiness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em--Coal mine, etc. Wom-

Executer of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

inges, peritonarum, etc., Carcinoma, Surcoma, etc., of (uame origin; "Cancer" is less definite; avoid symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberoulosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuli, and conse Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state muans of injuny State cause for which surgical operation was under "PUERPERAL septicaemia,""PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage an can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular ment of cause of death approved by Committee on head of "contributory." Poisoned by carbolic acid-probably suicide. vulsions." Nomenciature of the American Medical Association.) -acoldent; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease heart disease; (second-The na-(mereiy etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A B	WE'TE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT R. RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
M	item o	shoul	of OC	
	Every	CIANS	ement	
	RD.	HYSI	et stat	
	T RI	Y. 1	Exa	
MARGIN RESERVED FOR BINDING	ANEN	CTL	ssifed.	
BINI	PERM	EX	ly cla	ate.
FOR	IS A	stated	proper	TION is very important. See instructions on back of certificate.
ED	HIS	pe	pe	of
ERVI	K-T	plnoy	may	back
ESI	Z	ES	at it	s on
N N	OING	V	se th	ction
RGI	NFAI	plied.	rms,	nstru
MA	in a	dns	in te	See i
•	WIR	fully	n pla	nt.
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(Ô	l be)EA	imi
	PL	houle	OF I	very
-	TE	on s	SE	N is
-	了	mati	CAL	TIO

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03278
1. PLACE OF DEATH	92-00)
County States	Registration Dist. No.
Village or City Dags	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 40 yrs mos	
2. FULL NAME TOLA Geleven MU	rick
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, HEREBY CERTLFY. That I attended deceased from
(or) WIFE of Cuma Sullive and	no attendance 19
6. DATE OF BIRTH (month, day, and year) Oct 20 1862	i last saw h ice alive on March 15, 1935; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at
72 4 24 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z Trade, profession, or particular kind of work done as SPINNER	Valvuelar heart deseal
kind of work done, as SPINNER, School Was driven	with acute delatation
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
U Q Date deceased last worked at	
o this occupation (month and 14 153 spent in this occupation	
12. BIRTHPLACE (city or town) Jallot Co	Dther Caatributary Causes of importance:
(State or country)	
13. NAME Joseph Rogers Merrick	
14. BIRTHPLACE (city or town) Juliot Co	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Jace Berrige 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Wary WM Juett (Address) Resitors	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Apring Hill Cerse Date Mar 18 , 1935	Nature of injury
19. UNDERTAKER Marine & Museum Dave	24. Was disease or injury in any way related to occupation of deceased?
(Address) Kaston 241d	If so, specify
20. FILED March 17, 19 35 - Registrar.	(Signed) fullace Degree M. D. (Address) frapfil Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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II II	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
b	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

carefully

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STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH pluods Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where deeth occurred __ _ O_ vrs statement (a) Residence: No. (Usual place of abode) If nonresideot give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED. (wife the word) (Month) (Day) FOR BINDING 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, Thet I attended decaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than Months Davs to have occurred on the date stated above, at ... 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance or min. Date of onset 8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BODKKEEPER, etc. plnods may back Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at this occupation (month end 11. Totat tima (years)

spant in this occupation.

12.	(Stata or country)
ER	13. NAME Clurerse Trable
FATH	14. BIRTHPLACE (city or town) Name of the Community of th
ER	15. MAIDEN NAME Christs -
MOTH	16. BIRTHPLACE (city or town) Hambers (State or country)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

Registrar.

Name of operation__

Whera did injury occur?___

(Signed)

Nature of injury. 24. Was diseasa or injury in eny way related to occupation of deceased? if so, specify

What test confirmed diagnosis? Was there an autopsy?

(Specify city or town, county and State)

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______, 19.

(Address If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

important.

17. INFORMANT _ (Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

DEATH

OF

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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	Every MAN ment
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	. PLACE OF DEATH	03282
Length of residence in city or the where death occurred	County Tulbot	Registration Dist. No. 291
Length of residence in city or town where death occurred yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of to reign birth? yrs, mos ds. How togge In U.S. it of togge In	Village or City Pava was	No. 1970 - St, Ward
2. FULL NAME (a) Residence: No. (Usupiplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RECE S. SINCLE, MARKED, WIDOWED, OR DIVORCED (carrie the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE o	(lf	
(a) Residence: No. (Unsupplace of abode) (Enter in the second of the second	Length of residence in city or tays where death occurredyrsmos.	as. now tong in 0.5. It of foreign biftingyrsmos as.
Classification of perfect of shoots Control of the control of	FULL NAME Suffered ac	wells
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carries the word) 6. DATE OF DEATH 6. DATE OF BIRTH (month, day, end year) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. SI Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. Was there an autops What test confirmed diagnosis?. Was there an autops		
3. SEX 4. COLOR OR RACE NOR DIVORCED ("wise the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("word") 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 5. MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an autops	-	
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S. DATE OF BIRTH (month, day, end year) Months Deys If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Months Months Deys If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Months Deys If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Months Deys If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Months Description: Months Deys It last saw how Divertified to have occurred on the date stated above, at min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date Months Description: Months Description: It last saw how Divertified above, at min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Coutributory Causes of importance: Other Coutributory Causes of importance: Material Country Description: Name of operation What test confirmed diagnosis? Was there an autops	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
AGE Years Months Deys If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SI Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME So School (State or country) Name of operation. What test confirmed diagnosis?. Was there an autops	(Or) WIFE OT	2/ 1/2
AGE Years Months Days If LESS than 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. S. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	DATE OF BIRTH (month, day, and year) West 9/1935	I last saw holdive off
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an autops		to have occurred on the date stated above, atm,
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SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Date of. What test confirmed diagnosis?. Was there an autops	SAWYER, BOOKKEEPER, etc.	Urungulales prime 3/8
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autops	work was done, as SILK MILL,	werafilled untilical 1/3
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. City or town) 16. Coutributory Causes of importance: 17. Date of 18. What test confirmed diagnosis? Was there an autops		and theing butter 180
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis? Was there an autops	this occupation (month and spent in this	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autops	- 1170-	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autops		-
What test confirmed diagnosis? Was there an autops	13. NAME LOD STALLER	
What test confirmed diagnosis? Was there an autops	14 DIDTUDE ACE (situation)	Name of operation Date of
		What test confirmed diagnosis?
23. If death was due to external causes (VIULENCE) fill in also the following:	15. MAIDEN NAME Transport Foliable	23, if death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Pl P Callaham Accident, sulcide, or homicide? Dete of Injury	16 BIRTHPI ACE (city or town) Pl & pallaham	
(State of county) where did injury occur?		Where did Injury occur?
Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	INFORMANT brong best Schully	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Bry war V		
18. BURIAL, CREMATION, OR REMOVAL Condition Manner of Injury	the state of the s	Manner of Injury
Place faufih Cerulu J. Oale Mark 11., 1932. Neture of injury.	Place gareful Lemming Oale Mills 15 , 193?	
19. UNDERTAKER Father Lea Schutts 24. Was disease er injury In any way related to occupation of deceased? W	UNDERTAKER Father Lea Schultz	24. Was disease er injury In any way related to occupation of deceased?
(Address) Boyman Int		If so, specify
20. FILEO Meh 19, 1935 John Howald (Signed)	FILEO Met 10 1935 John Hwwalely	
If more blanks are needed, address State Registrar, 2211 N, Charles Street, Baltimore, Requesting U. S, No. 1.	Local Registrar.	

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ì

2	WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	144
FOR BINDING	S IS A PERMANENT RI	stated EXACTLY.	properly classified. Ex	certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of
	WELTE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03283
1. PLACE OF DEATH	(121)
County Tall	Registration Dist. No. 240
Village or City & aston Maryland	No mergency Hospital, Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NOTVIE instead of street and number)
2. FULL NAME of aura Scribner	
(a) Residence: No. Preston, maryla	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 2 4 (Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of James Seribaer	22. I HEREBY CERTIFY, Thet I attended decessed from March 20 1935, to March 24, 1935
6. DATE OF BIRTH (month, day, and year) Zurkuouu	Hest sew how alive on Man. 24 , 1935; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 7.42 m.
52 huse business or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	DIA gocardial Degeneration
a. Industry or business in which	E Decomposation Pox
work wes done, as SILK MILL, SAW MILL, BANK, etc.	D Neshilin, che,
10. Deta deceased lest worked at this occupetion (month end year) 11. Total time (years) spant in this occupation	
But	Other Contributory Causes of Importance:
(State or country)	
The state of the s	•
Ē	Neme of operation
14. BIRTHPLACE (city or town) (Stete or country)	Whet test confirmed diagnosis? Wes there en autopsy?
E 15. MAIDEN NAME TIES STONE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
La Louisues	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT OF THE STATE STA	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Vreigne Dete Har 21, 19 3	Neture of injury
19. UNDERTAKER 1 18 Collies & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Jahre & Hellians	If so, specify
20. FILED 3/ 25 , 19 3 5 7 19 1 10 Registration	(Signed) M.D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

STATE OF MARYLAND—	- GER 03284
County Salbot	Registration Dist. No. 7-90
Village or City Esston Tud	NoSt.,War
11.4	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosd
2. EVEL NAME of A Staton	, in the state of
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH
Male Whele Married	(Month) (Day) (Year)
HUSBAND of	22. 1 HERETY CERTIFY, That i ettended decreted from
(or) WIFE of Birtruce Staton	- Jan -5th 1935 to march 6 1930
DATE OF BIRTH (month, day, end year) 6/6/58	I last saw h . w. alive on March 6 4, 1925; death is sa
AGE Yeers Months Days if LESS than	to have occurred on the dete steted above, et 330 A.m.
76 9 1 day,hrs	West as follows:
Trade, profession, or perticular	Cardio vascular dueaus Date of one
kind of work done, es SPINNER, Warby	Cert arterio oclerosis 193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupetion (month end /// 35! spant in this occupetion425	
BIRTHPLACE (city or town)	Other Centributory Causes of importance:
(State or country)	The state of the s
13. NAME / Potent of Staton	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME Charlotte Die haron	23. If deeth wes due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
INFORMANT Showing Staton	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The Market Ma	
Place Dete 3/4 19.3	Menner of injury
0 11 17	wature of injury
(Address)	24. Was disease or injury in eny way releted to occupation of deceased?
2/2 2/- 2/1 /2	if so, specify Selliam Deymour M
0. FILED 9/2, 19.3.5 / TV: // LINUS. Registrar.	(Signed) Freetatt Augment M.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	infor- state UPA-	1. PLACE OF DEATH	(159)
9		county Dalbot,	Registration Dist. Ng. 390
		Village or City Easton	No. 6 mes seuces Hooseitel St. Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and number)
2	Every SIANS ement	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?
	D. Every SICIANS catement	2 FULL NAME Ungamed Jaylor	
	RD.	(a) Residence: No. 7 (b) TIMA (Value) place of abode)	St., Ward. If nonresident give city or town and State
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH MM
		OR DIVORCED Garrite the word)	March 30, 1935
J.G.	T L led.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING	A C Ssiff	HUSBAND of (or) WIFE of	22/Reach HEREBY CERTIFY, That I ettended deceased from
Z	KM X Z	0 0 7 12:-	7 87 ,1953 , to Vnan 30 ,19 35
BI	PE IX E ate.	6. DATE OF BIRTH (month, day, end year)	I last saw have alive on Mar. 30 ,1935; death is said
R	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 91.1.3 frm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
FO	IS A stated proper	ormin.	were es follows:
Q	De pe of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	2.27.3
VE		9. Industry or business in which	Jamasura Darth
J.R.	DE E	work wes done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED	F-4	SAW MILL, BANK, etc	
RE	AG I	year) oscupation	Other Coatributory Causes of Importance:
Z	So so ctic	12. BERTHPLACE (city or town) Easton, md	
ARGIN	NFADING pplied. AG] erms, so tha instructions	(State or country)	
AR	UNFA supplied n terms, ee instru	14. BIRTHPLACE (city or town) Cawline County	
3	rh U y sur lain t	(State or country)	Name of operation
	1111		What test confirmed diagnosis? Was there an autopsy?
	PLATALY, WITHOULD be carefully OF DEATH in playery important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Parces Elecated, Brodes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	PLATALY, hould be car OF DEATH very import	5 16. BIRTHPLACE (city or town) agrees Elevatory Grodes (State or country) 11k any Kant	Accident, sulcide, or homicide?
0	EA'	17 INFORMANT IN HI H Tallor	Where did Injury occur? (Specify city or town, county and State)
	P C C	17. INFORMANT TO LESSON MA	Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	ITE SE SE	Place Usion From Cambry Date 4/1 1935	Nature of injury
	WRITE mation s CAUSE TION is	(101)	24. Was disease or injury in any way related to occupation of deceased?
61	TEOF	19. UNDERTAKER (Address)	If so, specify
8	p#	3/31 //3 - 5/4/10	(Signed)M,I
>	z	20. FILED 19 3 2 1 SY TILLED Registrar.	(Address) Saoton and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DOMEAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	_ 1 year	

V. S. No. 1 m ż

should state

1. PLACE OF DEATH	MARTLAND—	—— (31)	Dr C Wewner
County Jalbot			Registration Dist. No. 293
Village or City Mall		ND. death occurred in a hospital or institution,	St., Ward give its NAME instead of street and number) eign birth? yrs. mos. ds.
4	010	Toot	
	Juniana 1	Ch Word	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CER	TIFICATE OF DEATH
	RINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Month) (Day) (Yeer)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of)	22, I HEREBY C	CERTIFY, Thet I attended deceased from 35, to March 27, 1935
6. DATE OF BIRTH (month, day, and year)	out 1872	I last saw h_end_ elive on 202	arch 27 , 1935; death is said
7. AGE Yeers Months	Days ITLESS than I day,hrs.	to have occurred on the date stated eb	
about 63-1	ormin.	The PRINCIPAL CAUSE OF DEATH as were as follows:	nd related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	1	Bronchopmus	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	mening.	Bronskiaf (to	Thomas for Tyears
work was done, as SILK MILL, SAW MILL, BANK, etc		- Cordio vaarul	as senal Ourlase 10-10 ye
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Dther Contributory Causes of Importan	nce:
12. BIRTHPLACE (city or town) (State or country) Sullege (weloo, ul	7	
II 13. NAME TIMESTO	vy		
13. NAME ~		Name of operation	Date of
(State of country)	1	What test confirmed diagnosis?	Was there en autopsy?
15. MAIDEN NAME	meldon	23. If death was due to external causes	(VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1. 1.	Accident, suicide, or homicide?	Date of injury, 19
(State or country)	and roc ma	Where did injury occur?	(Specify city or town, county and State)
17. INFORMANT Jearl Je (Address) Cordora	et Tille	Specify whether injury occurred In IN	DUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 000 -1 50	Manner of injury	
Place / Alles Sullay / 100	ate 11444 31-, 1950	Nature of injury	
19. UNDERTAKER JOHN A	billian	24. Was disease or injury in eny wey r	elated to occupation of deceased?
20. FILED 3/30 1935. J. 2	Bardner Registrar.	(Signed) (Address)	Plunam M. D
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Reques	sting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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	11			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN	J
TENDETTOTACE	DI ZIVI	T. ALT	T. O TO I III INTO	OTATION INTO	T CT	THISIOIMA	4

N. N. Z.

1. PLACE OF DEAT	HAA L			(KI-d)		03251
County o La	lbot				Registration Dist. No.	291
Village or City/	and	(D. 6		No		
		- Jest Since	(If	No. death occurred in a hospital or institut		f street and number)
Length of residence in cit			yrs,mos	ds. How long in U.S. if of	foreign birth?yrs.	mos
2. FULL NAME	1 m	Dung.	yee,	Thomas		
(a) Residence: No	Koya	I Cla	L	St., Ward.		50290 DHU 00
DEDCOMAL AND		(Usual place of		MEDICAL C	If nonresident give city of	
PERSONAL AN	OR RACE	S, SINGLE, MARR		21. DATE OF DEATH	ERTIFICATE OF D	EATH
Temale Es	loved	OR DIVORCED	(whee the word)	- Mu	(Month) 20	, 193 5
5a. If married, widowed, or divor	ced	/	7		(month) (Da)	(rear)
HUSBAND of (or) WIFE of		-		3/	CERTIFY. That	
B. DATE OF BIRTH (month, day	, and year)	har 20	,1935		Mar 20	
'. AGE Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated		
			or 20 min.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of impo	Pate of ons
8. Trade, profession, or pa	rticular IS SPINNER	~			/	4
kind of work done, a SAWYER, BOOKKEEI 9. Industry or business in	ER, etc.			(Isphyges	Neonals	um &
work was done, as S SAW MILL, BANK, e	ILK MILL,	~				
10 Date deceased last worl	ced at	11. Total tim	ne (years)			
this occupation (mon	th and	spent octup	ation			
12. BIRTHPLACE (city or town).	Laur	I Cak		Other Contributory Causes of impo	rtance:	THE REAL PROPERTY.
(State or country)	Man	wand	1 00		***= ****************	6
13. NAMED There	ood of	belson o	Vallace	/		٠و٠٠٠
13. NAME Lerus 14. BIRTHPLACE (city or town	un) Rose	in la	lo	Name of operation won	2-	Date of
(State or country)	Much	Mana	~	What test confirmed diagnosis?	None Wa	s there an autopsy?
15. MAIDEN NAME	heldr	Ed. Iko	mas	23. If death was due to external cause		
15. MAIDEN NAME 16. BIRTHPLACE (city ar tox	vn) Ess	ton 1	2	Accident, suicide, or homicide?		
(State or country)	2h	angla	nh	Where did injury occur?	***************************************	
7. INFORMANT Shere	wood.	31 N	ellare	Specify whether injury occurred in	(Specify city or town, cou INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
(Address) 8. BURIAL, CREMATION, OR RI	- /5	myst f	rak			
Place / Casta	l Cak	Date Mas	121,19.35	Manner of injury	·	
1,/	/	4 10	-	Nature of injury	·	Ν/-
19. UNDERTAKER	me	Julpe	· ·	24. Was disease or injury in any wa	y related to occupation of de	ceased? VVO
(Address)	royal	ONC	ma	If so, specify	1 / 3 /	-
20. FILED MASK 31., 1	935 John	Huyw	alex	(Signed)	m of he	Jack M
		drocal	Registrar.	(Address) - 1 7		Aug follows

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnoys Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) 0 _mos. _/____ds. How long in U.S. if of foreign birth? _______yrs. _____mos. PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) Ma. If married, widowed, or divorced HUSBANO of ERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month day, and properly 7. AGE Months If LESS than Days to have occurred on the date stated above, at I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____ min. Oate of onset 8. Trade, profession, or particular 12.31.34 NO kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. be J0 OCCUPAT may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ should 10. Date deceased last worked at II. Total time (years) this occupation (month and occupation 50 that instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? MOTHER 15. MAIOEN NAME important. in 23. If death was due to external causes (ViOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury___ (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. hould 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? .-19. UNDERTAKER If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING	PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RI	nould be carefully supplied. AGE should be stated EXACTLY. PHY	OF DEATH in plain terms, so that it may be properly classified. Exact	an healt of contificate
MARGIN RI	PL. LY, WITH UNFADING	nould be carefully supplied. AGI	OF DEATH in plain terms, so tha	morning the state of the state

V. S. No. 1 N. B.

County	or City Last	Tu. M	ıd	No.	Registratio	on Dist. No.	U War
	of residence in city or town wh			(If death occurred in a horpital	or institution, give its NA U.S. if of foreign birth?		
2. FULLS	A LINE TA	Ctto	ine Je	· · · · · · · · · · · · · · · · · · ·	order of the control		1103
(a) Res	sidence: No.	sedsh	770	St., Ward.	Cartin		
			ace of abode)		the second secon	ent give city or town an	d State
	ONAL AND STATE				AL CERTIFICAT	E OF DEATH	
3. SEX	4. COLOR OR RACE		ARRIED, WIDOWED, RCED (swrite the word)		ATH 3	2.4	
Zug	la lopeta	leve	down		(Month)	(Day)	(Year)
HUSDAND (or) WIFE		7	- 1	22. I HER	EBY CERTI	FY. That attended	d deceased fro
(01) 111112	"Alfred	furnas	- Week	Jack	1,1932		
6. DATE OF BI	RTH (month, day, and year)	9/22/	56	I last saw h alive	on 3 1 2	5 19.35	5.; death is sa
7. AGE	Years Months	Days	If LESS than			W. Com.	
	78 6	2.	l day,h ormin.	The PRINCIPAL CAUSE O were as follows:	OF DEATH and releted ca	uses of Importance	Date of ons
kind	ptofession, or particular d of work done, as SPINNER, VYER, BOOKKEEPER, etc	Tro	ev	ofat	lexy,	~~~~~~~~~~~	6/28
9. industr	y or business in which k was done, as SILK MILL,						- 7
SAI SAI	Y MILL, BANK, etceceased last worked at	1					
O this	occupation (month and		al time (years) spant in this occupation	- arterio-schrotic	nephritia. Chr	mice	
	1 1		A	Other Contributory Causes	of importance:		
12. BIRTIIPLAC	E (city or town)	arus	and	Com	Caller		5/4
型 13. NAME		131	0-1		·	ue \	0/2/3
I NA BURTUR	Jo ne			Orterio-scleros			
	LACE (city or town) ita or country)	mid	F	Name of operation	noin?		
15. MAIDER	NAM Jara	10	outen	What test confirmed diagnostics 23. If death was due to exte			
Arm I	LACE (city or town)	-		Accident, suicide, or homic			-
	ite or country)	und		Where did injury occur?		- Date of Injury	
17. INFORMANT	Michand	11.1	116111	Specify whether injury occ	(Specify city	or town, county and Sta	ate)
(Addres	وجن والمراب التراني والكالم في والكال	me m	- Section				
	MATION, OR REMOVAL	Loudan	Box lea	Manner of Injury			
Place	Jalamen C	Date.	12-7-193	Nature of injury			
19. UNDERTAKE		L. AD	ouch	24. Was disease or injury in	n any way related to occ	upation of deceased?	20
(Addres	Sastor	- Gran	el	If so, specify	7	f	
1000		1		/1 -		(11)	

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE FUR	FURTHER	SIAIEMENIS	DI	rin i bi CiA.

ARGIN RESERVED FOR BINDING	INDING
WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of infor-	ERMANENT RE RD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	X A C T L Y. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	ai

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03230
1. PLACE OF DEATH	(108)
County Walbots 1	Registration Dist, No. 29/
Village or City It Thechaels	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Monthay Wallace	
(a) Residence: No. It Muchael In	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If merried, wildowed, or divorced HUSBAND of (or) WIFE of Amual Wallar	22. I HEREBY CERTIFY, That I attended deceased from Whar 5 1935 to Mar 8 1935
C DATE OF BIBTH (mostly down and uses) FOM 1 1 - 1865-	I lest saw her alive on the 7 1935; death is said
6. DATE OF BIRTH (month, day, end yeer) 000 2 2 3 11 LESS than	to heve occurred on the date stated above, at//#m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BDDKKEEPER, etc.	Labor Freemoura 3.4.35
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
ID Dete decessed last worked at this occupation this occupation occupation	
12. BIRTHPLACE (city or town) albat 60	Other Contributory Causes of importence:
(State or country)	Clyc
13. NAME HALOW Danniel E. Wallace	
13. NAME HALO Samuel E. Wallace 14. BIRTHPLACE (city or town) (State or country)	Name of operation Notes Dete of Dete of
	What test confirmed diagnosis? Was there an autopsy?
E TORKS	23. If death wes due to external ceuses (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city er town) Clearly Que	Where did Injury occur?
17. INFORMANT Clifted Walland (Address) + Miles Company Carlottes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Meaner of injury
Place A Michael Date Hay (1935)	Nature of Injury
19. UNDERTAKER March and Charles (Address)	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED touch 11 , 1925 Jahn Huwales Registrar.	(Signed) Tuleful a heavy M.D. (Address) O. I. Much a like M.D.
Acgurar.	N. O. J. C. D. J. D. G. C. D. J.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		1000		hebe
County Fallow			Registration Dist. No.	72
Village or City	& outside,	No. f death occurred in a hospital or insti	itution give its NAME instand of a	St., War
Length of residence in city of town where			f of foreign birth?yrs	
2. FULL NAME COMA	Muthels			
(a) Residence: No.		St., Ward.		
	(Usual place of abode)		If nonresident give city or t	
PERSONAL AND STATIST			CERTIFICATE OF DE	ATH
SEX Jan 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	march 82 (Month) (Dey)	, 193 (Year)
If merried, widowed, or divorced HUSBAND of (or) WIFE of	R Mitheld	22. I HEPEB	Y CERTIFY, That	
DATE OF BIRTH (month, day, and year)	nhn. 1863	I Jast saw h LV eliva on	marily 1	1935; death is sa
AGE Years Months	Days If LESS than	to have occurred on the date sta	ated above, at	
72 1	l day,hrs.	The PRINCIPAL CAUSE OF DE were as follows:	ATH and related causes of importa	
8 rade, profession, or particular kind of work done, as SPINNER,	0. T		A	Data of one
SAWYER, BOOKKEEPER, etc.	Denam	Willis oc	lesses	19
9. Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc				
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total tima (years) spent in this occupation			
Gul	at To	Other Contributary Causes of In	nportance:	1
2. BIRTHPLACE (city or town) (State or country)	Solla ha	Aut Mad	read this	W 1931
1	3		A	-
illule		Name of a-pression		Deta of
14. BIRTHPLACE (city or town)	CONTROL OF THE PROPERTY OF THE		Was t	
	- Outle		causes (VIOLENCE) fill in also the	
		The state of the s	Date of injury	
16. BIRTHPLACE (city or town) (State or country)	albet Or	Where did injury occur?	Date of Injut	,, 17
7. INFORMANT MASSCELLA (Address)	Landmon (1)		(Specify city or town, county I In INDUSTRY, In HOME, or in PU	y and State) JBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Date Mel 11 19 35	Manner of injury		
O. UNDERTAKER ALAGA	Shever my	24. Was disease or Injury in any If so, specify	way related to occupation of dece	ased? No
FILED Tret 9- , 1935	onglators	(Signed) (Address)	massos a	м.

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STATE OF MARYLAND-CERTIFICATE OF DEATH infor 1. PLACE OF DEATH 210-m should Registration Dist. No. County JA Village or City JC (If death accurred in a hornital or institution, give its NAME instead of freet and number) TO2 How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME St Ward (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) (Day) BINDING assified. Sa. If married, widowed or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceesed from (or) WIFF of death is said 6. DATE OF BIRTH (month, day, end year) properly Days 7. AGE Years If LESS than Months to have occurred on the date stated above, et FOR stated The PRINCIPAL CAUSE OF DEATH and related causes of Importance 6 or min. were as follows: Date of onset 8. Trade, profession, or particular THIS kind of work done, es SPINNER. RESERVED be JO SAWYER, BOOKKEEPER, etc., back 9. Industry or business in which pluods may OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et II. Totel time (years) this occupation (month and that oscupation vear) ... Other Contributory Causes of importance: RGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country efully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: important Date of injury 3 Accident, sulcide, or homicide? (car 16. BIRTHPLACE (city or town) OF DEATH (State or country Where did Injury occur? 121 be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE Date. Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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TARGIN RESERVED FOR BINDING	TRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
FOR BINDING	IS A PERMANENT B	stated EXACTLY.	properly classified. E	rertificate
IARGIN RESERVED	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ON is very important. See instructions on back of certificate.
	RITE PLANLY, WITH	tion should be carefully	USE OF DEATH in plain	ON is very important. S.

V. S. No. 1

1. PLACE OF DEATH County Jalbot	Registration Dist. No. 293,
Village or City Newtown	
(No. St., Wallf death occurred in a horpital or institution, give its NAME instead of street and number) is. ds. How long in U.S. If of foreign birth? yrs. mos. occurred.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If merried, widowad, or divorced	21. DATE OF DEATH 3- 20- 193 5 g (Month) (Pear)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed fro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	I last saw h, 19, to, 19; death is say to have occurred on the date stated ebova, et,
8. Trade, profassion, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oate daceasad last worked at this occupation (month and year)	Child was buried without
12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 13. NAME 14. 13. NAME	Other Contributory Causes of importance: On fant was deed and Purial, and day after death. No way of knowing cause of deaths
14. BIRTHPLACE (city or town)	Name of operation Oate of Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Clara Chilmer Towell 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT K. F. Lee - Co. Health Nurse	23. If deeth was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
(Addrass) Easton = Had. 18. BURIAL, CREMATION, OR REMOVAL Placa New town, Md., Oata 3/20, 19.35	Manner of injury
19. UNDERTAKER Perry Milmer Rondova, Midy	24. Was disaase or injury In any way related to occupation of deceased?
20. FILEO 4/15, 19 35. J. L. Gardiner Registrar.	(Signad) J. L. Dardser, Tocal Oligistia M. (Adrass) Acordora, Mills. (Adrass) Street, Baltimore, Requesting V. S. No. 1.

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BURE	p= 3x60x102x		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 200 1	294
1. PLACE OF DEATH		0
County Jalbox	Registration Dist. No.	37.
	No	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
7 .	Os. Now long in U.S. If of foreign birth? yrs m	0S OS.
Z. FOLL NAME POSTULA	Tacketon William	
	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1-
Lemale While Maniel	(Month) (Day)	(Yaar)
5a. If married, widowed, or divorced HUSBAND of	22 LUEDERY CEDILEY That I attended	deceased from
(or) WIFE of oseph Lie: Welson	1 ()	1935
6. DATE OF BIRW (months and year) They 4 1891	Mast saw h w alive on Descrete 7 , 19 34	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 % o f.m.	
40 / 2/ Iday, hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance wero as follows:	Oate of onset
8. Trade, profession, or particular kind of work done as SPINNER	1	3
SAWYER, BDDKKEEPER, etc.	Luxune plake alsolian	Quor
	2	44
U 1D. Data deceased last, worked at this occupation whomb and spent in this occupation whomb and spent in this occupation whomb and	security destinate	-
yaar) 24, 20 + 1934 occupation 2 441	Other Contributory Causes of Importance:	the
12. BIRTHPLACE (city or town) Leglina hig,	ante redorables	14.30
	P	-
II 13. NAME HOUR J. Jeeksn	Muluming 2000	173
14. BIRTHPLACE (city or town)		
1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(State or country)	Where did injury occur?	
17 INFORMANT Openle 1. Wilson	(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) ACE.
(Address) Silaling Mid.	,	
7:20 - 4.02. 1.12 25	Manner of injury	
Place July Place Tolk Martin (0, 19.3)	Natura of Injury	
19. UNDERTAKER JULIAN COLLARS	24. Was diseasa or injury in any way related to occupation of deceased?	
(Address)	9 4 X 75	
20. FILED 3 H/O F. 1938 AT James College	(Signed) Wallaway	redo
	County Jalory Village or City. Length of residence in city or town where death occurred	County. Jellow Willage or City Jellow What residence in city or town where death occurred

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, astheria, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Bry Land	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	9	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance: